

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

663-046692

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 205

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0975

2 0970

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY SALINE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY SALINE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARSHALL | | Length of stay in 1b 3 Wks | c. CITY OR TOWN MARSHALL - R-4 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FITZGIBBON Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 12 M- NE-MARSHALL |
| 3. NAME OF DECEASED (Type or print) First LAUVENIA Middle VAN Last WINKLE | | 4. DATE OF DEATH Month 12 Day 3 Year 1963 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10-20-1894 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | 9. AGE (last birthday) 69 |
| 11a. FATHER'S NAME PHILANDER RICHARDSON | | 11b. BIRTHPLACE (City and state or country) Miller Co. Mo | |
| 12a. MOTHER'S MAIDEN NAME ALICE BIRDSONG | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No | | 14. NAME OF HUSBAND OR WIFE DEAN - (DEC) | |
| 15. SOCIAL SECURITY NO. No | | 16. INFORMANT MRS HENRY HOLMES - SLATER, Mo | |
| 17. ADDRESS DEAN - (DEC) | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY _____ STATE _____ |
| 21. I attended the deceased from Jan 1950 to 12-3-63 and last saw her alive on 12-3-62 Death occurred at 9:05 P on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Sam A. Reser M.D. | | 22b. ADDRESS Marshall Mo | 22c. DATE SIGNED 12-4-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 12-5-1963 | 23c. NAME OF CEMETERY OR CREMATORY SUNSET CEMETERY | 23d. LOCATION (City, town, or county) MARSHALL Mo. |
| 24. FUNERAL DIRECTOR JACK W RESER - MARSHALL, Mo | | 25. DATE RECD. BY LOCAL REG. 12-5-63 | 26. REGISTRAR'S SIGNATURE Carl G. Read |

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack W. Reser

Licensed Embalmer No. 4643

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.